

The Behavioral Health Response to Disasters

Satellite Conference

**Tuesday, August 24, 2004
2:00-4:00 p.m. (Central Time)**

Produced by the Alabama Department of Public Health
Video Communications Division

Faculty

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Objectives

**Segment 1: The Incident Command
System as it relates to Behavioral
Health**

- Discuss the history of the development and use of the Emergency Management Incident Command System.
- Understand how the ICS system works in small, as well as, large-scale emergency incidents.

Objectives

- Define the tasks and responsibilities of the individuals in the various roles within the ICS system.
- Identify where mental health and substance abuse services fit within the external ICS systems in an emergency.

Objectives

- Describe the current efforts to further integrate behavioral health services into the structure of the ICS as part of all hazards planning and preparedness for future events.
- Understand the potential roles that participants may play via their behavioral health organization in the event of a disaster.

Objectives

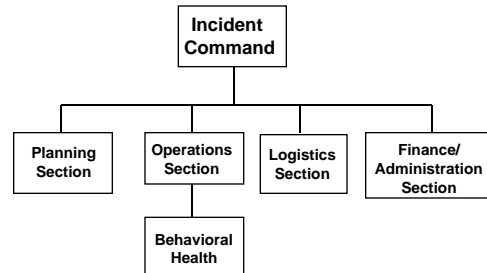
Segment 2: Crisis Counseling

- Discuss the goals of crisis counseling, public education and training as part of a disaster response.
- List the key aspects of the crisis counseling intervention.
- Describe the differences between formal, office based mental health services and crisis counseling and outreach.

Objectives

- List three normal reactions of adults and children in the aftermath of a disaster.
- Discuss strategies to successfully outreach to special populations, ethnicities and cultures as part of disaster response efforts.
- List the types of trainings that may most effectively prepare counselors to respond to a disaster.

Operations Section



When Is ICS Used?

- Hazardous materials (Hazmat) incidents
- Planned events (e.g., concerts, official visits)
- Response to natural hazards
- Single/multi-agency law enforcement incidents

When Is ICS Used?

- Fires
- Multi-casualty events
- Wide-area search and rescue missions
- Weapons of mass destruction events

ICS History

ICS became necessary due to:

- Nonstandard terminology among response agencies
- Lack of capability to expand and contract
- Nonstandard and nonintegrated communications
- Lack of consolidated action plans
- Lack of designated facilities
- Lack of a comprehensive resource management strategy

ICS Concepts and Principles

- Common terminology
- Modular organization
- Integrated communications
- Unity of command
- Unified command structure
- Consolidated Incident Action Plans (IAPs)
- Manageable span of control
- Designated incident facilities
- Comprehensive resource management

Guidelines for Developing ICS Organization

- Establish the Incident Command Post
- Determine organizational needs
- Consider need for command staff
- Monitor and maintain span of control:
 - Staffing range: 3-7
 - Optimum: 5

Guidelines for Developing ICS Organization

- Demobilize organizational elements when possible
- Avoid combining organizational positions

Assistants

Have a level of technical capability, qualifications and responsibility subordinate to the primary position.

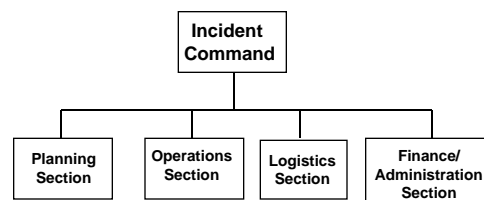
Used as subordinates for the:

- Command positions, IO and SO
- May be used at camps to supervise unit activities.

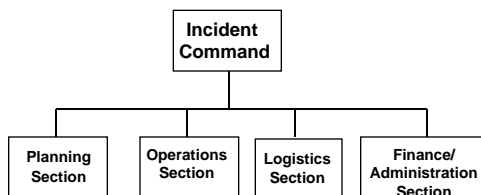
Assistants are used during Hazmat incidents for:

- Additional safety officers
- Additional decontamination officers

The ICS Organization



The Command Function



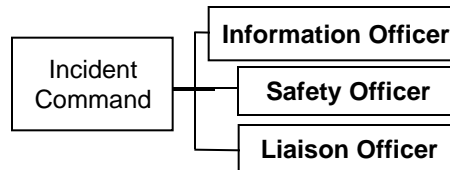
Incident Commander

- Assumes responsibility for the overall management of the incident
- Establishes the Incident Command Post (ICP)
- Determines goals and objectives for the incident
- Supervises command and general staff if activated

Incident Commander

- Only position staffed during every incident.
- Will perform all functions unless delegated.
- **NOTE:** Behavioral Health Agencies will often parallel the Incident Command System internally.

The Command Staff



Information Officer

- One per incident.
- Central point for information dissemination.
- Keeps media informed with progress and success of incident objectives.
- Release only information approved by IC.
- Behavioral health professionals may be called upon to consult with IO in developing and delivering public messages during an incident.

Safety Officer

- One per incident.
- Anticipates, detects, and corrects unsafe conditions at the incident site.
- Has emergency authority to stop unsafe acts relative to the incident.
- Can appoint an assistant.

Liaison Officer

- Point of contact for assisting and cooperating agencies at the incident.
- Assisting Agencies – provide tactical and service resources to the incident.

Liaison Officer

- Cooperating Agencies – provide support other than tactical or services resources to the incident:
 - Red Cross
 - Salvation Army
 - Behavioral Health Agencies/Representatives
 - Other Volunteer Organizations

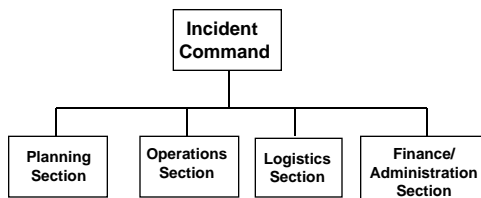
Agency Representatives

- Behavioral health staff designees assigned to an incident by assisting or cooperating agencies.
- Have authority to make decisions for their agencies.
- Report to liaison officer (if position is staffed or other section officer as designated) otherwise report to Incident Commander.

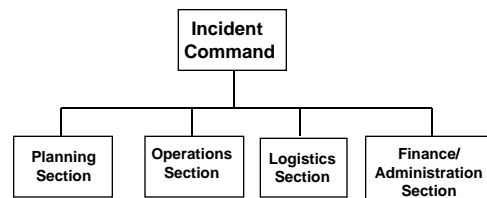
Agency Representatives

- Maintain reporting to agency regarding Incident Command activities.
- Maintain information flow back to liaison officer.
- Initiate surveillance of behavioral health needs.

General Staff



Planning Section



Planning Section

- Maintain resource status.
- Provide incident situation and intelligence.
- Prepares Incident Action Plan (IAP).
- Provide documentation services.
- Prepares demobilization plan.

Planning Section

- Provides technical specialists/consultants:
 - HazMat, WMD, communications, mental health / behavioral health counselors, etc.

The planning section is most often where behavioral health fits in the IC System.

Tracking Resource Status

- **Assigned:** performing active functions.
- **Available:** ready for immediate assignment.
- **Out-of-service:** not ready for assigned or available status.

Operations Section

- **Directs and coordinates** all incident tactical operations.
- **Organization** is developed as required.

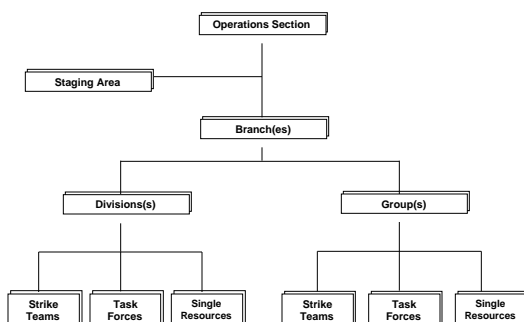
Operations Section

- **Organizations can consist of:**
 - Single resources (e.g. one MH agency designated as a lead);
 - Task Forces (e.g. a group of responders with different tasks such as assessment, public education or individual counseling);
 - Strike Teams (e.g. the crisis counseling workforce)

Operations Section

- **Organizations can consist of:**
 - Staging areas
 - Air operations
 - Divisions, groups, or branches

Operations Section



Operations Section

- **Divisions are geographical:**
 - County A and County B
 - First floor and second floor
- **Groups are functional:**
 - Medical, search and rescue, law enforcement, and mental health/behavioral health

Operations Section

- Combination of divisions and groups are common:
 - Under the operations section chief or
 - Branch Directors

Resources Used in Operations

- All personnel and major items of equipment that are available or potentially available.
- Behavioral health agencies are developing databases for these key operations details as part of preparedness activities.

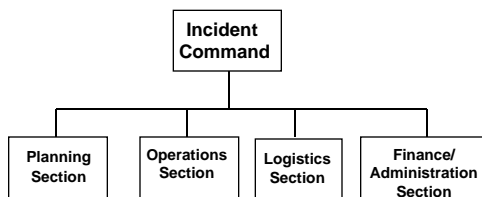
Resource Categories

- Single resources:
 - Individual pieces of equipment and personnel.
 - Crew of individuals that can be used in an operational application.
 - A designated agency.

Resource Categories

- Task Force:
 - Any combination and number of single resources (group of counselors performing different tasks).
- Strike Team:
 - Resources of the same kind and type (crisis counseling teams).

Logistics Section



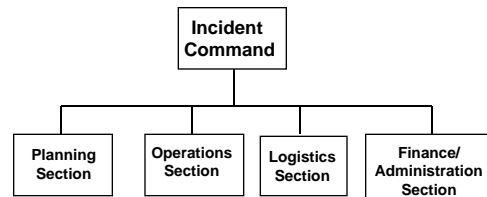
Logistics Section

- Provides service and support to the incident or event.
 - Six principal activities.
 - Two-branch structure, if required.
- In some states/localities, behavioral health functions under this section and communication is through the logistics representative. For example, in NYS, the all hazards disaster plan, behavioral health involvement is mandated under logistics.

Logistics Section

- Primary logistics section units:
 - Service branch:
 - Communications
 - Medical
 - Food
 - Support branch:
 - Supply
 - Facilities
 - Ground support

Finance/Administration Section



Finance/Administration Section

- Monitors incident costs.
- Maintains financial records.
- Administers procurement contracts.
- Perform time recording.
- Provides legal representation, if required.

Finance/Administration Section

Behavioral health may participate in these same activities internally by each participating agency as well as reporting these to the incident command finance officer.

Finance/Administration Section

- Time Unit:
 - Personnel time recording
- Procurement Unit:
 - Equipment and rental supply contracts

Finance/Administration Section

- Compensation/Claims Unit:
 - Worker compensation records and claims
- Cost Unit:
 - Collect cost information, provide cost estimates

Emergency Operations Center

To provide a central location where government at any level can provide interagency coordination and executive decision making for managing response and recovery.

Purposes of an EOC

- Assist the incident commander.
- Facilitate management of incident resources.
- Assist victims:
 - Evacuation/safety
 - In-place-sheltering/warmth/food
 - Soothing human comfort

Purposes of an EOC

- Reduce devastating consequences/behavioral health staff.
- Participate in mitigation of severe psychological responses.
- Start recovery process quickly/behavioral health staff provide presence and support.

EOC Functions

- Command – (Chief Elected Official)
- Operations
- Planning
- Logistics
- Finance/Administration

EOC Functions

The EOC's five functions are:

- Command and control
- Situation assessment
- Coordination
- Priority establishment
- Resource management

EOC Staff

- Staff should be carefully selected, trained and directed.
- EOC leadership is critical.
- The CEO is responsible for the emerging response.
- The CEO depends on assistance from the EOC staff finance/administration.

NIMS

- Mandated by the Homeland Security Presidential Directive/HSPD-5, dated February 28, 2003.
- Follows the NIIMS in its design.
- Modular and scalable.

NIMS

- Performs field operations functions as outlined in:
 - FIREScope, ICS Organization, Doctrine and Procedures
 - Identified in ICS 120-1 (1996)
 - Embedded in the NIIMS
- Employs a Unified Command (UC) structure
- To be effective FY 2005

Additional FEMA ICS Courses

- Independent study, Basic ICS Course, IS-195
- Online, Basic ICS Course, K195
- Intermediate and Advanced ICS/UC Courses, G195 and G196
 - State Training Officer

Additional FEMA ICS Courses

- ICS Train-the-Trainer Curricula Course, E449
 - EMI Resident Course
- Hospital Incident Management System for Mass Casualty Events (HIMS/MCE), E500
 - EMI Resident Course

Disaster Crisis Counseling, Training and Assistance Programs

What is a Crisis Counseling Program?

- The CCP is generally a federally funded grant (FEMA, Substance Abuse and Mental Health Services Administration) administered by State and County Mental Health Authorities through localities.

What is a Crisis Counseling Program?

- The Center for Mental Health Services branch of SAMHSA provides consultation regarding the delivery of crisis counseling, public education and training services to communities affected by disasters.
- Community service agencies generally coordinate and implement local service provision.

The Purpose of the Crisis Counseling Program

To help survivors of the “incident of mass violence” recognize that, in most cases, their emotional reactions are normal and to develop coping skills that will allow them to resume their previous level of functioning and equilibrium” (and often to learn to adapt to the changes in their lives due to the incident.)

The Purpose of the Crisis Counseling Program

Case Management and Advocacy
within Crisis Counseling Programs
CMHS Emergency Services and
Disaster Relief Branch
Revised 2000

Common Features of Crisis Counseling Services

- Focus on supporting healthy coping skills and guiding each survivor back to a functional level of activity and emotional adaptation.
- Community-based service delivery (community centers, family assistance centers, places of worship, schools, workplaces), primarily through outreach efforts in a culturally competent manner.

Common Features of Crisis Counseling Services

- Rely on a mix of mental health professionals, paraprofessionals (i.e. interns, residents, students), and indigenous community workers.
- Public health model of reaching people who typically do not see themselves in need of mental health services.





Normal Reactions to Stress: Emotional and Behavioral

People may feel and express their reactions differently. They may:

- Feel very nervous, helpless, fearful, sad or angry.
- Feel hopeless about the future.
- Feel detached or unconcerned about others.
- Feel numb and unable to experience love or joy.

Normal Reactions to Stress: Emotional and Behavioral

- Have an increased startle response.
- Be irritable or have outbursts of anger.
- Become easily upset or agitated.
- Have frequent distressing dreams or memories.
- Avoid people, places and things related to the disaster.
- Have trouble concentrating.
- Feel that things are unreal; dissociate.

Normal Reactions to Stress: Physical and Cognitive

How people may physically and cognitively react to a disaster varies.

They may:

- Have an upset stomach, eat too much or too little, or have other gastrointestinal problems.

Normal Reactions to Stress: Physical and Cognitive

- Experience a pounding heart, rapid breathing, sweating, or severe headache when thinking about the disaster.
- Have trouble falling asleep, staying asleep, or sleeping too much.
- Be on guard and constantly alert.
- Be jumpy and startle easily at sudden noises.

Normal Reactions to Stress: Physical and Cognitive

- Have a worsening of chronic medical problem.
- Be exhausted.
- Have trouble concentrating.
- Elicit poor judgment.

Effects of Long-Term Distress Stress

- Anxiety and vigilance
- Anger, resentment and conflict
- Uncertainty about the future
- Prolonged mourning of losses
- Diminished problem solving

Effects of Long-Term Distress Stress

- Isolation and hopelessness
- Health problems
- Lifestyle changes

Key Components of Crisis Counseling

1. Active Listening

This is most important in establishing a relationship. It involves real attention and “being present with...” It may mean hovering over a cup of coffee to listen intently or finding a private place to sit and allow an individual to rest while they talk. It is also referred to by the American Red Cross as having a “compassionate presence.”

Validation

2. Everyone has a story, needs to be heard, and needs to have their reactions (whatever they are) validated as real. This may involve nodding to show your attention and acknowledging the distress of the situation. Avoid saying, “I know how you feel,” or “it could have been worse,” or other such invalidating comments.

Normalization

3. Let the individual know that their distress responses are likely a “normal response to an abnormal situation,” (CMHS, 2001) and that these responses are actually expected.

It may be helpful to share that others are experiencing similar responses and that these symptoms generally fade over time.

Psychoeducation

4. Bring educational information into the discussion once the individual has had an opportunity to be heard and validated. Let them know the typical types of distress responses so they know what to expect. Share the details from previous knowledge. Give them informational brochures to take with them to review.

Coping Skills Enhancement

5. Discuss that most people have coping skills and are naturally resilient. Ask them to identify what they have done before in times of distress that has helped. Reinforce the use of these skills. Introduce new skills to those who need assistance. Keep it simple, stress management, exercise, connections to family/friends, use of AA/NA meetings, reading a book or listening to music. Remind people to breathe and practice doing so.

Resources and Referral

6. Provide individuals with resource information such as available group support meetings; substance use/abuse meetings; where to go/phone numbers for housing or legal assistance.

For those who appear to need more than crisis counseling, provide appropriate referral information and contacts.

Provider Sites vs. Community Settings: Where Will Services Be Provided?

The non-traditional public health model fosters community and targeted outreach efforts with service delivery taking place at various locations throughout the community. Services need to be provided to various ages, ethnic and cultural groups in language and activities appropriate and sensitive to their needs.

What Is The Ethnicity of Persons Receiving Individual and Family Crisis Counseling Services?

- Who are the people in the community?
 - What is their ethnicity?
 - What is their cultural affinity?
 - Who are the survivors nearest the concentric circle of those most effected by the mass violence perpetrated on the community?
- Remember, such incidents affect everyone.

Comments or Questions?

Planning for a disaster mental health response through training of staff and support to communities can help mitigate the distress responses in individuals, families and special populations affected by the aftermath. Crisis counseling can enhance the natural resiliency of communities through public education, training and counseling.

Upcoming Program

Emerging Trends: STD Treatment and
Body Piercing
Wednesday, September 8, 2004
2:00-4:00 p.m. (Central Time)

For a complete schedule of upcoming programs, visit our website:
www.adph.org/alphn